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ZNR UUUUU ZZH
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FM AMEMBASSY SUVA
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INFO RUEHPH/CDC ATLANTA GA
RUEAUSA/DEPT OF HHS WASHINGTON DC
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RUEHWL/AMEMBASSY WELLINGTON 0283
RUEHGV/USMISSION GENEVA 0079

UNCLAS SECTION 01 OF 03 SUVA 000157

SIPDIS

BANGKOK FOR REO AND AID/RDMA

JAKARTA FOR RMO

INTERIOR FOR OIA

E.O 12958: N/A

TAGS: [SOCI](#) [TBIO](#) [FJ](#) [XV](#)

SUBJECT: Non-communicable Disease: the Number One Killer in the Pacific

Refs: A) State 002172 B) 08 Suva 450

11. Summary: Non-communicable diseases (NCDs) account for approximately 75 percent of annual deaths in the Pacific islands sub-region. The World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC) have recently joined forces to develop and implement "the Pacific Framework for the Prevention and Control of NCDs" in order to fight this epidemic. The new WHO/SPC alliance may offer increased opportunities for U.S. collaboration with regional partners to address the growing problem of NCDs in the Pacific. End Summary.

Neglected Epidemic

12. In response to Reftel A, post prepared the following report to provide a regional overview of NCD policy developments involving Pacific island countries and territories (PICTs) with particular attention to Fiji as an indicative example. Labeled "the neglected epidemic" by WHO, NCDs are the leading cause of mortality and morbidity in PICTs, accounting for approximately 75 percent of deaths annually, according to the SPC/WHO "Reducing Non-Communicable Disease Project Brief," which was published in June 2008. Fiji's National NCD Coordinator, Lusiana Vodonaivalu, told us recently that in Fiji an astonishing 80 percent of deaths are attributable to lifestyle or non-communicable disease with 70 percent of these due to cardiovascular diseases. More than half of these deaths occur in the age group 45 - 59 years. Treating NCDs imposes enormous direct costs on PICTs. Again using Fiji as an example, according to a 2002 World Bank/SPC study, 38.8 percent of all medical treatment costs in Fiji could be attributed to NCDs as compared to 18.45 percent to communicable diseases. Excessive alcohol use, smoking, poor nutrition (including increased consumption of processed food, especially among members of recently urbanized populations), and declining levels of physical activity, are reported by countries across the Pacific as the leading causes of NCD-related deaths.

13. Results from the WHO STEPwise approach to surveillance (STEPS) surveys carried out in several Pacific island countries and territories between 2002 and 2006 show very high incidence of NCDs. For example, the prevalence of diabetes in adults is three to four times higher than in the United States. In Fiji, approximately 16 percent of the population between 25 and 64 suffer from this disease. The rate is even higher in American Samoa (approximately

47 percent), the Marshall Islands (approximately 30%) and Independent Samoa (approximately 22 percent). According to Fiji's Vodonaivalu, an average of 500 new cases of diabetes is registered each year in public hospitals here. According to the Fijian Health officials, the figure for Fiji is lower than the actual incidence rate, since it is based on data that the Ministry of Health receives from public health clinics and does not take into account cases registered by private practitioners.

Pacific Framework for the Prevention and Control of NCDs (2008-2011)
- WHO/SPC join forces

¶4. In March 2008, WHO and SPC entered into a partnership to maximize the effectiveness of their efforts to fight NCDs in the Pacific. The two organizations are working together to develop and implement a Pacific framework for the prevention and control of NCDs under a new initiative called the "2-1-22 Pacific NCD Programme" (2 organizations, 1 team to serve 22 jurisdictions--all SPC member PICTs, including the U.S. Pacific territories and the Freely Associated States). The 2-1-22 Programme aims to strengthen the development of comprehensive, multi-sectoral, national NCD strategies; support countries to implement their NCD strategies; develop sustainable funding mechanisms to deliver the strategies, strengthen national health systems and capacity to address and prevent NCDs; and strengthen regional and country level monitoring, evaluation and surveillance systems. The program's focus is on reducing preventable NCD risk factors. According to the SPC/WHO project brief, high priority will be given to developing national strategies and supporting their implementation with capacity building and funding mechanisms. WHO/SPC also intend to provide support for the promotion of healthy lifestyles, the provision of clinical interventions and for capacity assessment.

SUVA 00000157 002 OF 003

¶5. WHO and SPC have developed a joint work program that Ministers of Health endorsed in Manila in September 2008, and that will soon be made available on the WHO website. Under the joint program, initial country consultations and talks on possible collaboration and partnerships have begun.
National level actions and other initiatives underway in the Pacific

¶6. Fifteen out of the 22 PICs have already developed basic national NCD policies. According to WHO NCD Officer for the Pacific, Dr. Temo Waganivalu, the existence of these policies shows that there is some level of political awareness and commitment to prevent and control NCDs, but many of these plans need to be strengthened to make them more holistic and multi-sectoral in nature. Dr. Temo emphasized the need to allocate more resources to monitoring and evaluation to better gauge the effectiveness of the implementation of national plans and strategies. He further added that many countries were implementing some healthy living programs, but the effectiveness of these programs is unknown.
Resources - always lacking

¶7. At the October 2008 Meeting of the Committee of Representatives of Governments and Administrations of the Pacific Community (Reftel B), one of the concerns participants raised was the lack of resources available to enable a comprehensive response to the "triple burden of disease" (the high level of communicable disease, the increasingly severe burden of NCDs, and the emerging risks from new diseases and changes in the social and physical environment). While most PIC Governments agree in principle that they need to increase their investments in public health, they remain dependent on regional/international organizations to provide leadership, financial resources, and technical assistance. In Fiji, for example, the former government recognized that NCDs are the "number one killer" and developed a "National NCDs Strategic Plan 2004-2008" but allocated only minimal financial and human resources to implementing it. The interim government has been even less supportive. The NCD Unit has only one full-time National Project Coordinator, and the budget has also declined from FJD 500,000 in 2004 to FJD 400,000 (around USD 200,000) in 2008 and 2009. According to WHO, this lack of government funding is typical of most PICTs.

¶8. Apart from having inadequate financial resources, Fiji is facing serious problems with national capacity for health care delivery. There is a high rate of staff turnover, and qualified doctors and nurses are leaving for greener pastures. According to SPC, emigration of skilled workers is also high in Micronesian and

Polynesian countries. Dr. Temo Waqanivalu of WHO's Suva Office confirmed the SPC view on this issue and told us that, under the new program, WHO will help build in-country capacity. (Comment: Increasing the supply of trained professionals is unlikely to solve the shortfall, however, if the underlying factors behind the exodus of health care providers are not addressed. End comment.)

¶9. Response to the NCD epidemic at the regional level is largely funded through Australian and New Zealand government assistance. The Australian Government recently made a commitment to provide AUD 20 million over the next four years to support the SPC/WHO work program, and NZAID has made a commitment of an additional NZD 8 million. Nevertheless, the needs greatly exceed the available resources, particularly given the low levels of national funding. Although the United States is not funding regional efforts, Dr. Temo was quick to acknowledge the work that U.S. agencies have been doing in the Northern Pacific. One issue he noted, however, was the different guidelines used by U.S. agencies and WHO. The existence of two sets of guidelines, he said, has posed some challenges for WHO in its work in the Freely Associated States. Dr. Temo said that, while the guidelines contain the same information, they are presented somewhat differently, and these differences have caused some confusion. He told us that he would seek out opportunities to discuss areas of mutual interest with U.S. agencies, and added that collaboration between SPC/WHO and the USG could greatly assist efforts to address NCDs at both sub-regional and bilateral levels.

SUVA 00000157 003 OF 003

On April 15, shortly after our discussion with Dr. Temo, WHO and SPC held an introductory teleconference with the University of Hawaii and Hawaii-based CDC representatives to discuss the Pacific Framework for the Prevention and Control of NCDs (2008-2011) and possible future collaboration. A WHO/SPC-convened regional NCD meeting is scheduled in Nadi in August. Participants from U.S.-affiliated jurisdictions and from U.S. agencies working in the Pacific will be invited to attend.

¶10. Comment: Ministers agreed at the Pacific Health Ministers Meeting in Vanuatu in March 2007 that a "whole-of-society" rather than a "whole-of government" approach is needed to prevent and control NCDs. Consequently, efforts to reduce the prevalence of "lifestyle diseases" will focus on prevention. Nevertheless, providing adequate care for those who are already ill will also require efforts to address serious human, financial, and technical capacity limitations. Support from development partners for enabling and capacity-building activities such as the WHO/SPC 2-1-22 Programme can play a valuable role in catalyzing action and promoting the sustainability of national efforts. Continued exploration of possibilities for greater USG collaboration with WHO and SPC on this and other initiatives may offer opportunities to improve public health and expand U.S. engagement both in U.S.-affiliated jurisdictions and throughout the region.

Pruett